STATE OF CALIFORNIA

APPLICATION FOR DOMESTIC WATER SUPPLY PERMIT FROM

Applicant:		
	(Enter the name of legal owner, person(s) or organization)	SEAL OF THE
Address:		
System Nam	ne:	
System Num	nber:	10000000000000000000000000000000000000
TO:	Department of Health Services Drinking Water Field Operations Branch (Address)	CALIFORNIA
Pursuant ar	nd subject to the requirements of the Calif	fornia Health and Safety Code,
Division 104	, Part 12, Chapter 4 (California Safe Drinking Wa	ter Act), Article 7, Section 116525,
relating to	domestic water supply permits, applica	tion is hereby made for a
domestic wa	ter supply permit to operate	
	(Applicant should stat	e the type of system, e.g., community,
transient-nonce	ommunity, or nontranscient-noncommunity, and the proposed area	of services. This application will also be used
for a change in	n ownership application.	
	application and on the accomp my (our) knowledge and that I (perjury that the statements on this anying attachments are correct to we) are acting under authority and gal entity under whose name this
	Ву:	
	Title:	
	Address:	
	Telephone:	
Dated:		DDW 05/2001